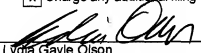


<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 04504/100M693-US2	
Application No. 09/617,566-Conf. #8355		Filing Date July 17, 2000		Examiner N. S. Levy	
				Art Unit 1615	
Applicant(s): Samuel Sawan et al.					
Invention: CONTACT-KILLING ANTIMICROBIAL DEVICES					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment and Declaration of Dr. Samuel Sawan with Exhibit A in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	19	- 24 =	0	x 25.00	0.00
<b>Independent Claims</b>	3	- 3 =	0	x 100.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input type="checkbox"/> Large Entity <span style="margin-left: 300px;"><input checked="" type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u> as described below.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Lydia Gayle Olson Attorney/Agent Reg. No.: 48,487				Dated: <u>May 8, 2007</u>	
DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (206) 262-8913					